

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>A.B</i>		<i>3/5/98</i>
FORMALITY REVIEW	<i>Mar</i>	<i>1227</i>	<i>4/3/98</i>

INDEX OF CLAIMS

✓ Rejected
= Allowed
- (Through numeral) Canceled
÷ Restricted

N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Final Original	12/14/05	12/15/05	12/16/05	12/22/05	12/23/05	12/24/05
1	1	✓	✓	✓	✓	✓	✓
2	2	✓	✓	✓	✓	✓	✓
3	3	✓	✓	✓	✓	✓	✓
4	4	✓	✓	✓	✓	✓	✓
5	5	✓	✓	✓	✓	✓	✓
6	6	✓	✓	✓	✓	✓	✓
7	7	✓	✓	✓	✓	✓	✓
8	8	✓	✓	✓	✓	✓	✓
9	9	✓	✓	✓	✓	✓	✓
10	10	✓	✓	✓	✓	✓	✓
11	11	✓	✓	✓	✓	✓	✓
12	12	✓	✓	✓	✓	✓	✓
13	13	✓	✓	✓	✓	✓	✓
14	14	✓	✓	✓	✓	✓	✓
15	15	✓	✓	✓	✓	✓	✓
16	16	✓	✓	✓	✓	✓	✓
17	17	✓	✓	✓	✓	✓	✓
18	18	✓	✓	✓	✓	✓	✓
19	19	✓	✓	✓	✓	✓	✓
20	20	✓	✓	✓	✓	✓	✓
21	21	✓	✓	✓	✓	✓	✓
22	22	✓	✓	✓	✓	✓	✓
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25	25	✓	✓	✓	✓	✓	✓
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46	46	✓	✓	✓	✓	✓	✓
47	47	✓	✓	✓	✓	✓	✓
48	48	✓	✓	✓	✓	✓	✓
49	49	✓	✓	✓	✓	✓	✓
50	50	✓	✓	✓	✓	✓	✓

Claim		Date					
Final	Original						
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BEST AVAILABLE COPY

**If more than 150 claims or 10 actions
staple additional sheet here**

(1 FET INSIDE)